



General Assembly

February Session, 2024

Raised Bill No. 244

LCO No. 1859



Referred to Committee on AGING

Introduced by:
(AGE)

***AN ACT EXPANDING ACCESS TO THE ALZHEIMER'S DISEASE
RESPITE CARE PROGRAM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-860 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2024*):

3 (a) As used in this section:

4 (1) "Respite care services" means support services which provide
5 short-term relief from the demands of ongoing care for an individual
6 with Alzheimer's disease.

7 (2) "Caretaker" means a person who has the responsibility for the care
8 of an individual with Alzheimer's disease or has assumed the
9 responsibility for such individual voluntarily, by contract or by order of
10 a court of competent jurisdiction.

11 (3) "Copayment" means a payment made by or on behalf of an
12 individual with Alzheimer's disease for respite care services.

13 (4) "Individual with Alzheimer's disease" means an individual with

14 Alzheimer's disease or related disorders.

15 (b) The Commissioner of Aging and Disability Services shall operate
16 a program, within available appropriations, to provide respite care
17 services for caretakers of individuals with Alzheimer's disease,
18 provided such individuals with Alzheimer's disease meet the
19 requirements set forth in subsection (c) of this section. Such respite care
20 services may include, but need not be limited to: (1) [homemaker]
21 Homemaker services; (2) adult day care; (3) temporary care in a licensed
22 medical facility; (4) home-health care; (5) companion services; or (6)
23 personal care assistant services. Such respite care services may be
24 administered directly by the Department of Aging and Disability
25 Services, or through contracts for services with providers of such
26 services, or by means of direct subsidy to caretakers of individuals with
27 Alzheimer's disease to purchase such services.

28 (c) (1) No individual with Alzheimer's disease may participate in the
29 program if such individual (A) has an annual income of more than forty-
30 one thousand dollars or liquid assets of more than one hundred nine
31 thousand dollars, or (B) is receiving services under the Connecticut
32 home-care program for the elderly. On July 1, 2009, and annually
33 thereafter, the commissioner shall increase such income and asset
34 eligibility criteria over that of the previous fiscal year to reflect the
35 annual cost of living adjustment in Social Security income, if any.

36 (2) No individual with Alzheimer's disease who participates in the
37 program may receive more than three thousand five hundred dollars for
38 services under the program in any fiscal year or receive more than thirty
39 days of out-of-home respite care services other than adult day care
40 services under the program in any fiscal year, except that the
41 commissioner shall adopt regulations pursuant to subsection (d) of this
42 section to provide up to seven thousand five hundred dollars for
43 services to a participant in the program who demonstrates a need for
44 additional services.

45 (3) The commissioner may require an individual with Alzheimer's

46 disease who participates in the program to pay a copayment for respite
47 care services under the program, except the commissioner may waive
48 such copayment upon demonstration of financial hardship by such
49 individual.

50 (d) The commissioner shall adopt regulations in accordance with the
51 provisions of chapter 54 to implement the provisions of this section.
52 Such regulations shall include, but need not be limited to: (1) [standards]
53 Standards for eligibility for respite care services; (2) the basis for priority
54 in receiving services; (3) qualifications and requirements of providers,
55 which shall include specialized training in Alzheimer's disease,
56 dementia and related disorders; (4) a requirement that providers
57 accredited by the Joint Commission on the Accreditation of Healthcare
58 Organizations, when available, receive preference in contracting for
59 services; (5) provider reimbursement levels; (6) limits on services and
60 cost of services; and (7) a fee schedule for copayments.

61 (e) The commissioner may allocate any funds appropriated in excess
62 of five hundred thousand dollars for the program among the five area
63 agencies on aging according to need, as determined by the
64 commissioner.

65 (f) The Commissioner of Social Services shall apply for any available
66 federal funding, including, but not limited to, a waiver under Section
67 1115 of the Social Security Act, as amended from time to time, to support
68 the program established pursuant to this section.

69 Sec. 2. Subsection (g) of section 17a-780 of the general statutes is
70 repealed and the following is substituted in lieu thereof (*Effective July 1,*
71 *2024*):

72 (g) The Department of Aging and Disability Services is designated as
73 the State Unit on Aging to administer, manage, design and advocate for
74 benefits, programs and services for older persons and their families
75 pursuant to the Older Americans Act. The department shall study
76 continuously the conditions and needs of older persons in this state in
77 relation to nutrition, transportation, home care, housing, income,

78 employment, health, recreation and other matters. The department shall
79 be responsible, in cooperation with federal, state, local and area
80 planning agencies on aging, for the overall planning, development and
81 administration of a comprehensive and integrated social service
82 delivery system for older persons. The Department of Aging and
83 Disability Services is designated as the state agency for the
84 administration of nutritional programs for elderly persons described in
85 section 17a-852, the fall prevention program described in section 17a-
86 859, the CHOICES program described in section 17a-857, the Aging and
87 Disability Resource Center Program described in section 17a-858 and
88 the Alzheimer's [respite] disease respite care program described in
89 section 17b-860.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2024</i>	17a-860
Sec. 2	<i>July 1, 2024</i>	17a-780(g)

Statement of Purpose:

To require the Commissioner of Social Services to seek, and, if issued, implement a waiver under Section 1115 of the Social Security Act to seek federal funds to support the Alzheimer's disease respite care program.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]